

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLII.

WEDNESDAY, MAY 8, 1850.

No. 14.

## ON THE USE OF A SWATHE AS AN ASSISTANT TO THE EFFORTS OF PARTURITION.

[Read before the Boston Society for Medical Improvement by WM. ED. COALE, M.D., and communicated for the Boston Medical and Surgical Journal.]

HAVING now, in very many instances, found a swathe used as about to be described, a valuable adjuvant to the uterine contractions in parturition, I deem the matter of sufficient importance to make it public.

I do not find any mention of the use of a contrivance for such a purpose in the works of the English or French writers, or in those of our own country. I am told, however, that the Germans have recommended and used it, though the particulars, as to the manner, circumstances or purpose, I cannot ascertain.

The manner of making and applying it is this:—Take a sheet and fold it lengthwise until it is about nine inches wide. Apply the middle of it thus folded to the small of the back. Carry one of the halves forward over the fundus of the uterus and so round the body. Carry the other end in like manner over the body of the uterus. Draw them as tight as the patient will bear with comfort, being careful that they set smoothly and without wrinkles. Cross the ends over the middle part of the swathe at the small of the back, and twist them together there. With a sheet of ordinary length and patient of ordinary size, the ends thus left will be about a foot in length, and when twisted together will still be about eight inches, so as to afford a good hold for the hands. A woman of average strength can exert as much force as is necessary, in twisting these ends, without fatigue to herself.

The particular indications for the use of this swathe, and the few principles which govern the method of applying it, will be learned by the relation of the following cases.

CASE I.—Mrs. T., æt. 40; very fleshy; has had seven children. Has carried the last two very low down and forward, owing to a tendency to anteversion of the uterus from the weight of the child, and want of tone in the walls of the abdomen. She was delivered of her seventh child after a labor of two hours, and not unusually severe. When in labor with her last child, I arrived about noon. Dilatation of the os uteri was well advanced—the pains frequent and of good strength. Being a near neighbor, I left, with directions to call me when wanted. At 2, much the same condition existed with regard to pain, but no advance of the

child. At 4, pains still frequent and severe, but no advance. Remaining thirty minutes, and finding still no progress, I made a closer examination into the causes of the delay, as the dilatation of the soft parts from the beginning seemed ample and the strait roomy. The os uteri, when I examined during an interval of pain, was in its proper situation; but when a pain came on—the patient lying, at her request, upon her back—the fundus of the uterus rose so that the axis of the uterus was perpendicular and the os was brought opposite the sacral prominence, against which the child's head was pushed. The indication was very clear—to keep the uterus and its propulsive force in a line with the axis of the strait. This was done by the swathe I have just described; and in less than fifteen minutes after its application, the child was born.

To illustrate the great elongation of the ligaments of the uterus in this case, I may mention that, the next morning, I was sent for in great haste to see the patient. I found her perfectly swathed as after childbirth, but above the edge of the swathe, just at the end of the sternum, was a hard sensitive tumor which alarmed her very much, and put me at loss at first to account for it. On removing the swathe, I found it was the contracted uterus which had slipped up into that unusual position.

CASE II.—Mrs. F., æt. 20; primipare; of firm muscular fibre and compactly built; was seized with pains at full time, early in the morning. At 8, the os uteri was dilated to size of a dollar, head presenting naturally. At 11, membranes ruptured. At 12, head well down, the pains frequent, lasting and severe. At 3, the head forced down to the perineum at each pain, but receding upon cessation of it. The pains undiminished in severity. At 4, no advance; symptoms of exhaustion. At 5, there still seemed to be no improvement in the advance of the child—the head would be forced down, and immediately recede to where it started from. The pains were lessening in frequency and force, and the strength and spirits of the prospective mother were giving way. The swathe was applied and tightened upon each pain. The first effect was to prevent the recession of the child's head to a very great degree, so that each pain, instead of having to repeat the work of the last, begun almost where the other left off. The pains also were more prolonged. Delivery was accomplished in forty minutes after the application—the patient during that time expressing herself as in much less suffering than she had been immediately before the application of the swathe.

CASE III.—Mrs. M. has had four children; of small and delicate make, relaxed fibre, and somewhat debilitated by recent sickness. I found her in active labor, suffering from excruciating pain in the back, where, she told me, her pains usually were, but enduring them with great patience and forbearance. The head presented naturally—the dilatation was ample; but in spite of the severity of the pains to the patient, they did not exert much propulsive power. The thinness also of the abdominal walls, and the slowness of the muscular tension of the whole frame, seemed to promise but little assistance to the contractions of the uterus from this source. The swathe was applied, and, as if under the influence of some powerful sedative, the pains in the back immediately ceased. This had a very remarkable effect in cheering the patient.

The  
doubt  
leaving  
her la  
dispo  
hours  
of the  
allud  
tire n  
A  
partu  
many  
its us  
15  
20  
soft  
not  
sista  
the  
brin  
sma  
tion  
any  
3  
wan  
4  
effe  
bac  
1  
ner  
com  
folc  
smc  
triv  
the  
J.  
pa  
sig  
to  
in  
tio  
ma  
id

The pains acquired greater duration, and their propulsive efforts seemed doubled in strength. The labor was completed in less than half an hour, leaving the patient in a condition greatly contrasting with that in which her last labor had left her—when she was exhausted in mind and body, disposed to hemorrhage, and requiring professional attendance for several hours after the child was born. The perfect and immediate cessation of the excruciating pain in the back was very remarkable, my patient alluding to it for months after. I have never since met with such entire relief in this particular, but invariably relief is given to a great degree.

As my conviction of the propriety and utility of this application in parturition has induced me to use it freely, I might give a relation of many more cases, but the three above sufficiently illustrate the object of its use and what can be attained by it.

1st. To direct more favorably the propulsive efforts of the uterus itself.

2d. To exert an additional force in overcoming the resistance of the soft parts. But in this case it must be noted that—the force exerted is not one of action, to force the child's head downward; but simply of resistance, to resist the influence of the elasticity of the soft parts in pushing the child's head upward, so as to require a large part of the next pain to bring the head to the point where the last pain left it, and leaving but a small portion of the pain to propel it beyond this point. This qualification will wholly exempt the application from the charge of its exerting any unnecessary force additional to that already supplied by nature.

3d. To give a tonic to the abdominal muscles, when this quality is wanting; on the principle of a bandage to an enfeebled limb.

4th. To supply a substitute for the inconvenient and but partially effective method of applying pressure by the hand at the small of the back in order to relieve the excruciating pain felt in that region.

I have always used the swathe manufactured at the time in the manner above mentioned, but the suggestion will occur that a more perfect contrivance might be made which would save the necessity of so many folds of cloth around the body, and which would adapt itself more smoothly and equally over the abdomen. A material for such a contrivance presents itself either in strong linen *cut bias*, or, for a portion of the apparatus at least, in the shirred gum elastic cloth.

*Boston, April, 1850.*

---

#### INTESTINAL OBSTRUCTION—DEATH—POST-MORTEM.

[Communicated for the Boston Medical and Surgical Journal.]

J. C. M., æt. 29, a man of active, industrious habits, for several years past has followed the avocation of a tanner, having the principal oversight of a large establishment. Married, and three children. Subject to frequent and severe attacks of sickness, as will presently be noticed, but in the intervals remarkable for his athletic efforts, his sanguine conversation and constant good spirits. His powerful muscular development, manly tones and natural liveliness, impressed his acquaintances with the idea that he, if any one, would live to advanced age. In the sequel

of the case we shall see that under the most favorable outside appearance, may lurk the seeds of most fatal disease.

It appears that as early as the birth of the patient, symptoms of malformation of the bowel were apparent. No meconium was passed for two weeks after birth, during which time the most exquisite suffering was apparent, and death hourly expected. Since that time scarcely a day has elapsed without the occurrence of colic pains, often deepening into most violent and excruciating paroxysms. For several years past he had been obliged to carry opium with him constantly, from dread of being attacked when at a distance from medical aid. The patient also informed me that he was never well unless he had diarrhœa, or was under the influence of cathartic medicine. His evacuations were mostly fluid, only a small portion having any consistence.

Thirteen years ago he was attacked with pleuro-pneumonia, which passed into the third stage, and at one time dissolution seemed inevitable. Suddenly, however, he expectorated an immense amount of pus, which was repeated at various intervals, and then, to the astonishment of all, began to convalesce. Before usual health was re-established, he was seized with acute inflammatory rheumatism, which confined him to his bed for several months. Since the latter attack, he had been troubled with chronic-rheumatic synovitis of the left knee. Upon the subsidence of the paroxysms, however, he seemed to be in the enjoyment of a fair share of health.

For five years past the attacks of colic had assumed a new feature. The most intense pain has always been referred to a point midway between the umbilicus and the anterior superior spinous process of the ileum, or near the ileo-cæcal valve. Several sharp spasmodic pains would be felt in this region, then the pulse would fail, the extremities become cold and benumbed, and a state of general insensibility, unaccompanied by convulsions, would ensue, from which he would only be aroused by the most energetic employment of stimulants externally and internally. After consciousness began to be restored, he would perspire freely, and soon sink into a quiet sleep, from which he would wake free from uneasiness, and in a few hours, or the next day at farthest, be found at his usual employment as though nothing had occurred.

For several days previous to Sunday, the 10th of March, he had been unusually afflicted with colic, so much so that on that day he took an active cathartic, which he had frequently used with good effect when similarly situated. This was said to have moved the bowels powerfully, but several days afterwards, on inquiry, it was discovered that the evacuation was simply fluid. The 12th, colic pain, followed by the prostration and stupor previously noticed, occurred, which was combated by external stimulants and the internal administration of pulv. ipecac. comp. with camphor. Under this treatment the difficulty readily subsided, but recurred again, though in less degree, on the 13th. On this day I first saw the patient.

13th, evening.—Was called in great haste. Found the patient suffering most agonizing pain in the glans penis. Urine had passed freely a short time before and without pain. Percussion and observation above

the p  
aque  
The  
quick  
dered  
and  
be re  
14  
were  
sider  
abdom  
load  
bowe  
tinue  
Follo  
15  
purge  
pain  
vomit  
efferv  
dragg  
16  
tent  
cough  
shadi  
symp  
hours  
To c  
with  
men.  
tions  
17  
noon  
bile  
the la  
till i  
lief;  
were  
opi. g  
18  
cough  
which  
be le  
into t  
M.D  
recur  
men  
even  
fecul



the pubis showed that the bladder was not distended. Thin, almost aqueous, discharges from the bowels had been frequent during the day. The urine appeared high colored, but not ammoniacal. Pulse somewhat quickened, but soft, and the surface bathed with a profuse cool sweat. Ordered a large warm emollient enema, warm fomentations over the pubis, and a draught consisting of tr. hyoscy., aq. camph. and nit. potass., to be repeated p. r. n.

14th.—Found that the pain had abated soon after the foregoing means were employed, and the patient had a comfortable night. To-day considerable spasmodic pain, referred principally to the ileo-cæcal region; abdomen slightly tender and tympanitic. No feverishness, but tongue loaded with a moist yellow fur, urine high-colored. No discharge from bowels since last night. Slight spasmodic pain in the glans penis. Continue mixture. To take a cathartic of blue mass, ipecac. and aloes. Follow with castor oil in the morning, unless dejections occur.

15th.—Cathartic had not operated. Ol. ricini repeated, and large purgative enemata employed in vain. Towards evening the spasmodic pain became more violent; tympanitis evidently increasing; occasional vomiting; pulse 90, compressible; surface warm but moist. Ordered effervescing draught, sinapism to epigastrium to check vomiting. Hydrarg. sub. chlorid. gr. iv.; Pulv. opii. gr. jss., every four hours.

16th.—Worse. Had vomited everything taken, and to such an extent that the matters last thrown up were stercoraceous. Distressing hiccough. Increased tympanitis. Some tenderness in the ileo-cæcal region, shading out into other portions of the abdomen. No dejections. Other symptoms about as yesterday. Ordered calomel, gr. v., every two hours, until twenty-five grains were taken, unless the bowels were opened. To check vomiting with a drop of creosote in simple syrup, and hiccough with camphor julep or comp. spt. lavend. Fomentations to the abdomen. To promote defecation in the morning by large stimulating injections thrown high up in the bowel.

17th.—Severe straining attempts to evacuate the bowels commenced at noon, producing somewhat copious discharges of fluid, deeply tinged with bile and a few scybalæ, but no evidence of consistent discharge from above the large bowel. Much griping pain and powerful efforts at stool continued till in the night. The evacuation seemed to afford some temporary relief; but vomiting, hiccough and tympanitis still continued. Enemata were rejected almost instantly and with great force. Calomel, gr. ij.; opi. gr. j., every four hours, with syrup, creosote and effervescing aperients.

18th.—General symptoms somewhat alleviated. Less vomiting, hiccough and spasmodic pain, tympanitis about the same. Dyspnoea, which I may here remark had been present from the outset, seemed to be less. Several moderate but fluid discharges. This day I was called into the country, and left the patient in charge of my partner W. R. Marsh, M.D. From him I learn that on the night of the 18th, the symptoms recurred with all their original violence. The next morning he commenced the use of croton oil, half a drop every two hours. Towards evening this produced an immense discharge of flatus, though but little feculent matter, and that of fluid consistence. However, much relief

was experienced—the distention of the abdomen being lessened, and dyspnœa diminished. Paroxysms of vomiting occurring not oftener than once in four or six hours.

20th.—Symptoms of prostration beginning to appear. Ordered beef-tea, wine and egg, carb. am., &c.; enema of assafœtida.

21st.—Still sinking. Vomiting of exceedingly fetid, greenish fluid. Great tympanitis; restless and talkative. Everything rejected from the stomach unless conjoined with creosote. Pulse rapid and small. Tongue brownish and dry. Continue supporting treatment, with the addition of small doses of quinia and brandy.

22d.—Seemed stronger this morning. Had been quite delirious during the night—calm at present. From the relief to the distention of the abdomen which had been afforded by the croton oil before, he was exceedingly anxious to take it again. A small dose was given in the morning, with ol. ricini and aq. piperitæ. Although he vomited several times during the day, this remained down till towards evening, when it was rejected with much greenish and highly-offensive fluid. Otherwise it appeared to have no effect. On consultation with medical friends, it was concluded to rely wholly upon supporting treatment. Little, however, could be done, as everything taken into the stomach, or injected, was instantly expelled. Suppression of urine. Wandering delirium continued during the night and forenoon of the 23d. During the afternoon the mind rallied, and he continued sane until a few minutes before death, which occurred at about 6, P. M. Intense pain during the twenty-four hours previous to death had been experienced in the epigastrium, but his last moments sped without a struggle or a groan.

*Post-mortem, 17 Hours after Death.*—Present, Drs. White, Ransom, Marsh, Howard and myself, also Messrs. Cornell and Kedzie. Much emaciation, but the most striking external appearance was the extreme distention of the abdomen. Semicircular incision from the spines of the ilia to the xiphoid cartilage. Omentum wasted to a mere membrane. Small intestines universally agglutinated and greatly distended, but no marks of recent inflammatory action. Parietal peritoneum smooth, pale and shining. Stomach, liver, spleen, pancreas and kidneys normal. On endeavoring to remove the small intestines, it was found that about fifteen inches of the lower portion of the ileum, just above its entrance into the cœcum, was firmly adherent to the parietal peritoneum, bound down by highly organized bands, apparently of long standing, requiring, indeed, the free use of the scalpel for the liberation of the intestine. The canal was thus reduced to an exceedingly small diameter, in some parts barely large enough to admit a pipe stem. The coats of the intestine were much thickened and softened, so as easily to be torn, and for several inches entirely disorganized. Its inner surface presented several patches of two or three inches in length, in which partial ulceration of the mucous membrane had taken place, and recent inflammatory action was very marked. The agminated glands were much thickened and enlarged, but did not show marks of ulceration.

The colon was nearly empty and contracted throughout its entire course. Above the strictured portion of the ileum there was a large col-

lection  
condit

The  
talis a  
calcar  
otherw  
Head

Res  
of tre  
media  
in vai  
Cold  
retain  
althou  
the re  
appea  
exami  
free u  
hope

In  
in wh  
cial a  
mend  
lar po  
the ar  
struct  
the ti  
ful in  
as ex  
to ou

Th  
quirin  
prior  
Ka

[THE  
dicio  
adopt  
found  
phor,

[Read

Ge  
of m

\* Th  
inserte  
reader  
bury, v

lection of soft fæces. The bladder was nearly empty, and in a normal condition.

The lungs were universally and strongly adherent to the pleura costalis and also to the diaphragm. On section, they exhibited numerous calcareous concretions and some tubercular infiltration, but were not otherwise remarkable. The heart was somewhat above normal size. Head not examined.

*Remarks.*—I have not deemed it necessary to specify all the minutiae of treatment, since the medicines not specified were rejected almost immediately from the stomach. O'Beirne's method was tried several times in vain, the tube having been passed up as high as the transverse colon. Cold water to the abdomen, also in vain. The calomel was ordinarily retained, always if combined with the creosote. Its use was continued, although its purgative influence was unsatisfactory, in accordance with the recommendation of Prof. Wood when treating of this subject. No appearances of mercurialization were manifest, from first to last, and the examination showed that it would have been useless. Constant and free use was made of opium, from the spasmodic pain present and the hope of relaxation.

In the April number of the London Lancet two cases are recorded in which life was prolonged by incision and the formation of an artificial anus; I am also aware that the same proceeding has been recommended heretofore. Before death, the persistence of the pain in a particular point might have suggested an opening so as to reach that point; but the amount that could be injected into the bowel—showing that the obstruction was very high up—the history of the individual, as far back as the time of birth, the almost daily colic and fluid stools, and the powerful impression manifested upon the nervous system by the same cause, as exemplified by the singular collapse coincident to the colic, presented to our minds insuperable arguments against any such procedure.

The case illustrates, to my mind very forcibly, the necessity of inquiring carefully into the previous history and peculiarities of a patient, prior to the recommendation of any arbitrary course of treatment.

*Kalamazoo, Mich., April 8, 1850.*

J. ADAMS ALLEN.\*

---

[THE following paper from Dr. Williams contains much which is judicious; yet we cannot agree with him in recommending the universal adoption of general depletion in colic. We have, as a general rule, found the spasm attendant upon this affection, yield promptly to camphor, opium, and warm fomentations.—ED.]

#### A DISSERTATION ON COLIC.

[Read before the Clay, Lysander and Schroepel (N. Y.) Med. Association, Feb. 14th, 1850, by N. WILLIAMS, M.D., and communicated for the Boston Medical and Surgical Journal.]

Gentlemen,—I have too much confidence in the general principles of medical science, and too poor an estimate of my own abilities, to sup-

---

\* The other cases, referred to in a private note from Dr. A., will be thankfully received, and inserted if possible without the delay which has attended the present case. Many of our Vermont readers will recognize the writer of the above as a son of the late Dr. Jonathan A. Allen, of Middlebury, long and favorably known throughout that State.—ED.

pose that its fundamental laws can be affected in the least by anything which I can offer on the present occasion. It is nevertheless true, there are those who are ready to assume this Herculean task; who, according to their own testimony, have the faculty of supplanting the foundation of our own system of practice, and instead thereof, can give us a theory, of the perfection and success of which, the advocates of our own have never dreamed. To this class of philosophers, and the medical denomination which is thus gifted, I by no means profess to belong. My station, and my highest ambition as a medical man, is among the ranks of those who are honest, simple, and persevering in their inquiries after truth, and who, although they may assume less, have the internal evidence that their *thirst* has been more abundantly satisfied, by draughts from the only true and living fountain of medical knowledge. To you, gentlemen, and to all well-informed minds, the threatened overthrow of our system, and the entire prostration of the temple of medical science, is "prima facie" evidence of downright stupidity, and an abandonment of truth, characteristic of those who thrive and prosper, through the ignorance and credulity of others. Nor is such a declaration any new thing, and peculiar to the age in which we live; but it is a species of scepticism, and of medical unbelief, which has followed the footsteps of a time-honored and time-worn profession, from its earliest dawn until now. It is not a voice which utters the wisdom which cometh from "above;" but of the darkness and corruption which are from "beneath." Well, then, does it become me to say, that, with the fundamental principles of medicine, I have nothing to do; and so far as our system is identified with these it may be considered as permanently established, or, in the language of a modern phrase, "a fixed fact." Depletion, alteratives, tonics, &c., are means which the light of science, the experience of centuries, and instinct itself, seem to indicate as the only true basis of medical practice. The proper and judicious application of these, to the great diversity of diseases which exist, constitutes the business of medical men, not only for the present, but hereafter. The foundation having been laid, we have only to complete the edifice in a manner worthy its object, and the beauty and symmetry which thus far are indicative of its perfection when complete.

With these remarks, I proceed to offer a few suggestion in reference to the application of the foregoing principles to the treatment of colic. The term, you are aware, is a generic one, and admits of several varieties, of which bilious, painter's and flatulent, are the most common. And considering the frequency of the malady, the obstinate character which it assumes, together with the variety of treatment which it receives, I cannot but think that a few remarks relative to its management may be worthy your attention at this time. If we examine authors upon this subject, we are not a little surprised at the various modes of treatment which they recommend. In practice the same condition of things obtains. For one, I believe in no stereotyped system of practice, nor do I believe a remedy to be good, simply because some one else has found it so; but I do believe, that a judicious course of treatment in the hands of one practitioner, is, *ceteris paribus*, the plan for all others to pursue.

At le  
circum  
and m  
be sub  
colic,  
nated  
may h  
ing th  
that i  
so tha  
in this  
exten  
consid  
cases  
And  
been  
forme  
the he  
his pa

W  
be so  
of em  
The  
lang  
canno  
short,  
are st  
"live  
is eve  
tural  
faster  
and a  
So, to  
expect  
which  
thing  
course  
pepsin  
is it c  
partic  
which  
is the  
oxyge  
range  
may  
ignor  
more  
tension  
which

At least, there should be *uniformity* in practice, where *uniformity* of circumstances exists. The question then presents itself, what is the safest and most effectual plan of treatment, to which this distressing malady can be subjected? It is not my purpose to speak of the different varieties of colic, but to confine myself more particularly to the one which is designated flatulent or wind colic; with the understanding, however, that what may be said of this variety, is true, in the main, of all others. In instancing this flatulent variety of colic, I have been influenced by the impression that it is far more common than any other, and, in my opinion, it is more so than all others combined. It is true, we have much of bilious colic in this vicinity, but this does not satisfy me that it actually exists to the extent which many suppose. To own the truth, I have not seen what I considered a case of bilious colic for ten years, although I have seen many cases which those out of the profession were wont to regard in this light. And no doubt, had I admitted this cognomen, I should in their opinion have been entitled to much more credit for the cures which I may have performed. But I choose not to be *deceived* myself, and I envy no one the honor which accrues from a misrepresentation of the true state of the patient's situation.

We assume to live in an enlightened age of the world; and whether this be so or not, one thing is certain, that our customs, fashions and modes of employment, contrast strongly with those of by-gone generations. The motto once was, "what is done in a hurry is ill done;" but the language of the present generation is, "what cannot be done in a hurry, cannot be done at all." All is bustle, excitement and confusion. In short, the only agents by which the machinery of society is now moved, are steam and electricity. It is by these, and these only, that we can "live, move and enjoy our being." And amidst the excitement which is everywhere manifest, is it strange that all is not well, so far as the natural arrangement of things is concerned? The truth is, if we ride a little faster than we are wont to do, we are in more danger of being upset, and admonished of our folly by the pains and tortures of a broken limb. So, too, if we live a little faster than our natures are disposed, we must expect to find some broken, worn out and crazy points in the machinery which has been subjected to such an extraordinary impulse. And nothing is more common, as one of the legitimate consequences of such a course, than a weak and deranged state of the digestive organs. Dyspepsia, in other words, is the ultimate, or rather the primary effect. Nor is it confined to the rich and affluent, or to any other class of society in particular, but it has its victims, to no inconsiderable extent, in every rank which exists. Consequent upon an impaired state of the stomach itself, is the partial fermentation of our food and the elimination of hydrogen, oxygen, nitrogen and carbonic acid gas, which serve still further to derange the normal condition of the digestive organs. And although we may boast of the knowledge of some things, of which our ancestors were ignorant, still the truth requires us to acknowledge, that we are altogether more *inflated*, and that there is a good deal of gas about us, our pretensions to the contrary notwithstanding. These gases, with others still which are generated, and the compounds which they form, as has been

observed, become also a source of irritation and disease to the entire length of the alimentary canal, of which gastritis, enteritis, aphthous sore mouth, colic, &c., are the results. In short, they are winds, which blow no one any good, save those of our own order, and to us they furnish no small share of professional patronage and profit.

But with the diseases which are thus produced, I have nothing to do, except the one to which your attention has been more particularly invited. Let us inquire, then, what are the leading indications which are to be fulfilled, in the treatment of colic? I answer, to relieve the spasm, and restore the regular peristaltic action of the bowels. This done, our ends are attained, and our patient is placed in a state of convalescence. The first remedy which I propose, where the urgency of the symptoms and the general health will warrant it, is bloodletting. General bloodletting will do much to relax the spasm, determine to the surface, and anticipate the inflammatory stage which is liable to ensue. French writers, however, seem very partial to leeches, which they apply freely to the verge of the anus, and from which much good is anticipated. I cannot speak from any experience upon this point, but it seems to me that the lancet is worth more than a regiment of these animals; and certainly its use is more agreeable than the confinement of perhaps twenty leeches to the anus of a patient, tossing to and fro with the colic. If phlebotomy be practicable, the effect, and not the quantity of blood drawn, is a consideration of paramount importance. Partial, if not complete syncope, should be the result of the operation. A cold skin and small pulse would not, *per se*, present any objection to its performance. Generally, however, I do not consider bloodletting indispensable in the treatment of the disease under consideration.

We have in *opium* itself, almost the *sine qua non* of treatment for this malady. I should prefer it to any other, and indeed all others, if the line of demarcation was drawn. Yet it must be dealt out in no stinted, stingy doses, but with a liberality equal to the emergency of the case with which we have to do. It will not answer to prescribe it with the impression, that, in a few moments, we are going to throw in something else to help it along; for if we give it anything like a fair chance, it will help itself. In a severe case, for the first dose, I should never give less than three grains, or more than five, supposing the patient an adult. Smaller doses should follow this every half hour, or thereabout, until full and complete relief has been obtained. What is of no little importance in the use of this remedy is, *not* that it is *one* of the remedies, *not* that it is an auxiliary to others, but that it is the *remedy of remedies*, and that the favorable termination of the case is intimately connected and dependent upon its most liberal use. But supposing extreme costiveness has preceded and even superinduced the difficulty, would *opium* then be advisable? In my opinion it would. When your patient is racked with pain which is almost insupportable, his bowels literally drawn out of their wonted position, and convulsion upon convulsion actually exists, you must take the case as it *is*, and not as it has been, or subsequently may be. Under such circumstances, the time for cathartics has gone by for the present, and *spasm*, not *costiveness*, is the



enemy with which we have to contend. This is now the nature of the difficulty, with inflammation, or intussusception, or both, as a natural result. Shall we now grapple with the enemy as he is, and where he is, or shall we first go to work and repair the breach through which the citadel has been entered? Remove the enemy, is the instinctive language of the party assailed; and when this has been done, we will go to work and provide for the breach through which his entry has been effected. On the same principle, I say down with your opium, overcome the spasm and convolutions which exist, and when this has been effectually accomplished, some one of the milder cathartics may beneficially be resorted to. I am aware that it is common in such cases to open upon the enemy with a large dose of physic; if this fails, try another; and when this fails, try yet another. In short, the motto is, "try, try, try, try again." Perhaps a small quantity of opium is added to each dose, and by the use of a dozen doses there may be sufficient introduced into the system to realize its anodyne effect; when, lo, the pain abates, the spasm is vanished, the peristaltic action of the bowels is resumed, and an evacuation ensues. Glory now to the calomel, jalap, rhei, aloes, senna, gamboge, castor oil and croton oil, which in quick and liberal doses have been superadded to the exquisite sufferings of the patient. In their sojourn in the bowels, they have had a protracted conflict with the disease; but, no matter for that, they have come off conquerors at last, and by patient, friends and physician are now entitled to the appellation of "good and faithful servants." There is plausibility in this, I am ready to admit, and especially when we consider the enormous and offensive load which is generally deposited by the *first train through*. But, after all, gentlemen, there seems a mistake as to whom the honor shall be given. In imputing the credit to cathartics, it seems to me we are guilty of injustice to the opium which has been given. For to me it is evident that your cathartics have operated *not* independently, and upon their own hook, but in consequence of the relief of the spasm, which constitutes an insuperable barrier to such an effect. They have done so, by virtue of the influence which your other remedy has secured, although in due time to deny the meed of "honor to whom honor is due." To say the least, we are thus guilty of a *metonymy*, a substitution of an effect for the cause. It may be urged that opium is constipating; and if constipation be the exciting cause, then it would be contradicted. To the extent that it is *generally* constipating in its effects, this is true; but where stricture exists, and the natural office of the organ is thereby suspended, or wholly perverted, the position is not true. So far from it, by the abatement of the spasm it directly tends to a re-establishment of the regular peristaltic movement of the bowels. If, indeed, I considered an evacuation of the bowels the first thing to be accomplished, I should by no means dispense with opium. I do not believe such practice would postpone the exit of fecal matter, but, on the contrary, from the peculiar circumstances which exist, it would hasten it. In this position I am sustained by one or two authors of "good repute," though I am aware the majority incline to an opposite conclusion. Thacher remarks, that "it is an erroneous idea that opium constipates

the bowels in abdominal inflammation; it produces a contrary effect; by relaxing the spasmodic constriction, it actually tends to promote the discharges from the bowels." Tweedie, in his "Library of Practical Medicine," also makes the same admission. It would, in my opinion, be hazardous to force the bowels to a performance of their office, whilst laboring under a high degree of inflammation, or stricture, even if we could. In such a dilemma, rest, rest, is the only condition which they seek, and it is the state to which every organ naturally and instinctively tends when its normal condition is materially affected. If the eye is inflamed, it spurns the light; if the ear, the sweetest notes of music are frequently painful in the extreme. They simply ask to be excused from their usual employment, just so long as their own welfare requires it; or, in other words, so long as it is inexpedient for them to perform their wonted task in the system. With respect to our eyes, ears, hands, feet, &c., we say it is reasonable that they should be excused, that inability to labor is a reasonable apology for idleness; and, why, let me inquire, is not the same true of the bowels themselves? They are laboring under a critical disease, their orifice is constricted, their due excitement is greatly augmented, and, under these circumstances, the most trifling labor would be irksome and deleterious. Let us, then, *first* qualify them to assume their appropriate office, and when that is accomplished, your milder cathartics will be a sufficient aid to the *vis medicatrix nature*, by way of restoring the normal condition of the organ. To the foregoing may be added as auxiliaries, injections per anum, warmth to the extremities, fomentations to the abdomen, &c.

I have thus given you my plan of treatment for a disease which is somewhat common in our midst, and which the unnatural customs of society are rendering still more so; and although I cannot urge these suggestions upon your consideration with that confidence, which age and much experience begets, still I trust, from some experience and no little consideration of the malady, that my positions are nevertheless true. If not, they may at least excite a train of inquiry in the mind of some one present, better qualified than myself to do strict justice to the subject to which your attention for a few moments has been invited.

#### PROPOSED NEW HOSPITAL IN BOSTON.

[Communicated for the Boston Med. and Surg. Journal.]

I WILL mention one more case, Mr. Editor, illustrative of the necessity for a new Hospital.

About three years ago, an operative engaged upon the Boston Water Works, about eleven miles from the city, had his thigh fractured by the falling in of a bank of frozen earth, it being mid-winter. He was removed to his boarding-house, and placed in a room about fourteen feet square, where from thirty to fifty people had their meals daily—where the cooking for this family was done, and I know not how many slept at night. The fracture was reduced, and apparatus furnished. The patient did pretty well, notwithstanding the circumstances; but he

began to walk too soon, slipped upon the ice, and fractured his limb a second time.

Satisfied that there was little prospect of a good cure in the place he was in, and feeling strongly the importance of a sound limb to a laboring man, I advised his being carried to the Massachusetts General Hospital. The engineers upon the section entered warmly into the matter, and agreed that his board should be paid at that institution. A man who was going to Boston was commissioned to carry a note of inquiry, but he probably lost it upon the road. As no time was to be lost, one of the engineers agreed to accompany the patient into Boston; and I advised him to use his personal interest with the hospital authorities and trustees. He however deputed the business to a subaltern, but a very intelligent man. The patient was carried into Boston to the hospital, where they were informed that the hospital was full, and he could not be admitted. He was then brought back to his original lodging, after a journey of over twenty miles. As he was not a resident of Boston, though in the service of the city, he had no claim to admission into the House of Industry. Thus it proved that there was no place in Boston where a man, injured very seriously in the service of the city, could obtain admission—though the city pursued their operations in winter to the great hazard of the workmen, and many accidents occurred.

This is only one instance, and might prove nothing of itself; but is one of many, and may serve as an illustration of the general course pursued. For many years, and before the hospital was enlarged, it was always stated in the cards and advertisements, that in cases of accident, patients were admitted at all hours of the day and night. This continued for years, and long enough fully to impress the public mind that there was always provision for an extra patient, if necessity required.

Subsequently, this was interpreted to apply only to cases where the patient was brought directly to the hospital. But if any charitable person had received the said patient into his house, subsequent to the accident, he could not be admitted unless visited by the admitting physician. So that if the friends of the wounded man or his host had him conveyed to the hospital, he was to be refused admission, and returned upon the hands of his unlucky benefactor. If an arrangement of this kind was generally understood to exist, it would render people very cautious how they received sufferers into their houses after an accident. It certainly would not operate as a premium upon humanity.

In regard to the Boston Dispensary, it does not take the place of a hospital. The motives of its founders were most excellent, but there may be some doubt whether it is as useful as it was intended to be. Years ago, Boston was comparatively a small place; there were few destitute foreigners to be provided for. But there existed a class of respectable and conscientious persons, widows and others, who were above applying to the town, who could support themselves in health, but had not the means to pay a physician in sickness. In those days physicians were scarcer, and their patients generally expected to pay them. There were undoubtedly many persons who would suffer serious inconvenience, rather than apply for medical attendance which they had

no means of paying for. For such persons the Dispensary was instituted, and it is to them, if any such class can now be found, that its benefits ought to be confined. If there was any possibility of bestowing these benefits judiciously and providing skilful medical attendance and good medicines for this select class, the institution would be an excellent one.

But the benefits of the institution soon became much more extended. It came to be considered in the light of a public charity, as much as the almshouse. Almost every one who wished it was able to obtain a Dispensary ticket, and many persons when applied to for alms for the sick, believing it injurious to give money, gave a Dispensary ticket.

During the years 1833, 1834, and 1835, while I practised in the Dispensary, it seemed to me that one evil attended it, which I suspect has seldom been noticed. A widow, for instance, who has been accustomed to provide for herself and family, or perhaps one who has an inefficient husband, is taken sick. She is persuaded to send for the Dispensary physician; perhaps, at first, she pays for medicine, then she obtains a ticket, then she thinks it will be a good thing to obtain a few groceries from some society, next a little wood. Next, she will not hesitate to accept pecuniary assistance. Thus the fine feelings of delicacy and independence are lost, and the individual who at first would have scouted the idea of soliciting charity, becomes gradually, in matter of fact, an indolent, discontented beggar. I do not speak of indigent foreigners; I speak of Americans. A person who has not visited long among the poor, would not readily believe how large a class there is of our countrymen who live decently and comfortably, and yet are more indebted to charity than to their own exertions for the means of living. It has often appeared to me that those were least necessitous who actually received most. This, indeed, is in some degree inevitable, since those who are known to be in want, soon obtain friends, while it is the unknown who suffer from neglect.

Physicians are now more plenty. Twenty years ago, and I doubt not at the present time, there were and are multitudes of young physicians, eager to practise gratuitously among the poor for the sake of acquiring experience, and as leading to other business. That the amount of medicine required was not a serious item, is proved by the fact that the Dispensary apothecary contracted to furnish medicines, at ninety cents per annum, to each patient. This arrangement might be considered rather as a safeguard against powerful doses, than a warrant for the purity of the medicine.

Originally there was but one physician. He generally had a number of pupils, and it was an excellent school for them, as they could see his practice and occasionally practise themselves under his direction. The officers of the institution considered him a responsible person who might be trusted, if he chose, to act by deputy. About 1835, measures were adopted which deprived the physicians of this advantage.

The Dispensary provides medical attendance and medicine, but it does not provide wholesome food, good nurses, and a healthy lodging.

A hospital is wanted both for medical and surgical cases, for those who cannot be received into the Massachusetts Hospital. The latter is a

private institution, not subject, I believe, in any degree to the city or State authorities; and if the trustees should determine to make it a private boarding-house for respectable invalids, or to require that none but the well-dressed be admitted, I do not know that they could be prevented. Hence the necessity for a new hospital.

Should such an one be founded, I hope that the main objects of the institution will be more considered than outside show. Many years ago, I used often to hear of the boy who spent all his money in buying a purse, which then had to remain empty. The story has become distasteful. Some public bodies have followed his example, and there is at least one wealthy institution which has become mendicant—an applicant for charity—while the skeleton of its purse is hardly completed, and its contents have certainly not increased.

Instead of spending money upon a superb exterior, the new hospital ought to be so constructed as to enable it to receive the greatest number of patients and accommodate them in the best manner. The plainer the building, the less costly the architecture, the more consistent will it be with reason and good judgment.

The liberality of the citizens of Boston is very great, and flows in many different streams. There are two objects, however, which are less liable to abuse than others, which have not attracted the attention they deserve. One, is the providing comfortable lodgings for the healthy poor at cheap rents; the other, is providing hospitals for the sick. The high reputation and elegance of the Massachusetts Hospital has probably diverted attention from the fact that it does not supply all that the public wants demand.

---

### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 3, 1850.

---

#### EDITORIAL CORRESPONDENCE.

The following is the first of an expected series of letters from the editor of this Journal, who left Boston on the 3d of April, for a tour in Great Britain and on the Continent.

*Crossing the Atlantic.*—However familiar one may be with the borders of the ocean and coastwise navigation, no true idea of the character of a sea voyage can be formed, without participating in all the circumstances belonging to the daily progress of a vessel over the broad ocean. It would be inappropriate to narrate the incidents connected with every-day life at sea; but a relation of the physical effects manifested in persons of different temperaments and constitutional tendencies, will not be without interest to practitioners of medicine.

No course of medication on land, however skilfully conducted, can produce such beneficial results upon some kinds of obscure, imperfectly-understood diseases, as simply floating away upon the heaving billows, beyond the ken and influence of the land. This is made apparent by narrowly watching, from day to day, the changes on individuals with chronic diseases, as they are wafted further and further from the shore and the air

to which they have been accustomed. This is a subject which should more profoundly engage the attention of practitioners.

Sea-sickness, dreadful as it is, certainly brings about the most extraordinary and beneficial effects upon invalids of a certain description. In cases of protracted indisposition having an origin in a defective action of the liver, sea-sickness accomplishes wonders. This fact is well known to people in the small fishing towns of Massachusetts; and hence those greatly enfeebled by impaired digestion, without the advice of a physician, persuaded by their hardy neighbors of the value of a trip to the Grand Banks, of a week or two's duration, often undertake such a voyage, and are quickly restored by it to vigorous health. Acute rheumatism is most wonderfully subdued by the first approaches of nausea at sea. It is believed that sufferers by that painful affection would, in a majority of instances, find relief, and possibly a permanent cure of their harassing aches, by a sail of only a few days' duration. If the weather were particularly pleasant, and the water unruffled, the good to be expected would not be realized; but a turbulence of contrary winds, the heaving and throes of a steamer ploughing through the opposing element, breaks up the foundation of rheumatic misery, relaxes the tension of the disordered apparatus of motion, and, to the surprise and gratification of the sufferer, he finds himself quite suddenly free from the pinions that had bound him down with an unyielding force, for months in succession, while surrounded by all the comforts and conveniences of home.

On board the British Steam-ship *Niagara*, which sailed from Boston April 3d, there were 140 passengers. On the second day from port, a large proportion of them began to be nauseated, and some vomited copiously. Persons with *red hair* seemed less affected than others. Those having light complexion, with light hair, were the first to sicken, but by the third day out again took their places at table, although occasionally cascading a little on first leaving their berths in the morning. Both gentlemen and ladies of dark complexion appeared never to be wholly exempt from a disturbed feeling at the stomach. Some of this latter class scarcely ventured on deck during the voyage. Small children quite disregarded sea-sickness, if they had any; and with respect to nursing infants, they were total exempts from any symptom of it.

Almost every one has a specific for sea-sickness; yet all that were tried in this instance failed. Creosote, tincture of ginger, effervescing draughts, brandy, whisky, concentrated acids, &c., have each their advocates; but it is believed that those who give up to nature's determination in the matter, are the best off. Frequent resort to liquids keeps up a perpetual nausea in those either constitutionally or incidentally predisposed to it. A remedy for sea-sickness need not be sought, since none such exists. It results from a violation of a law of the physical economy; in other words, it is the penalty of going to sea. A return to the land again brings into harmonious action all the temporarily deranged functions of the living body.

Passengers, as a general remark, eat too much. It is amazing how some engorge themselves with rich, savory food—besides filling all the interstices with different wines and malt liquors. It is a gross mistake, and when persisted in must have an injurious effect, that will certainly be recognized at some after period. The European steam-ships are most bountifully supplied with viands, served up with the regularity of the first-rate hotels, and precisely in the same diurnal style. Thus eating becomes the engrossing business with those who begin to adjust themselves to the



circumstances of their new position. Smoking is the great abomination of each returning morning. Such an uninterrupted conflagration of tobacco as a dozen inveterate smokers maintain from sunrise till midnight, is really marvellous. This vice of excessive smoking must break down prematurely the health of many who might otherwise have lived to vigorous old age. Arguments are quickly at command by its devotees, to prove that no injury pertains to the habit. Their reasoning is false. Inhaling an atmosphere for hours in succession, filled with the diffused volatilized essential oil of tobacco, indisputably interferes with the delicate mechanism of the respiratory organs, and thus gradually makes inroads upon the firmest bodily development.

---

*Incompetency of Medical Evidence in certain Cases.*—In a late trial before the Supreme Court at Lowell, in a case of alleged lunacy, medical testimony was brought to bear upon both sides. The petitioner, an aged man, among other testimony offered by him to prove his sanity, brought forward several most respectable and distinguished physicians of this city; the respondent, who was the guardian, having Drs. Bell and Fox, of the McLean Lunatic Asylum, on his side. Judge Metcalf, in his charge to the jury, ruled all the *medical* testimony as *incompetent*, excepting Drs. Bell and Fox's, they being considered the only *experts*. However, the intelligent jury thought differently, and rendered their verdict for the petitioner—a just rebuke to such a judicial decision. Who are considered competent to certify to insanity in case of admission into lunatic asylums? Would not these same medical gentlemen have been deemed suitable? If so, we really should like to know if they are not *experts* enough to tell when their patient has recovered his reason? Such partiality for *experts*, in judicial investigations, is getting to be more fashionable than wise. Common sense is, after all, the best guide for a magistrate, for then he can ascertain for *himself* who is qualified to give an opinion, and who is not. This is also the best guide for a professional as well as a non-professional man, in ascertaining whether there is soundness of mind; and we are surprised to learn that a magistrate should feel inclined to exclude medical testimony, in such a case, from the fact that the witnesses were not considered *experts*.

---

*Dr. Jeffries's Address.*—The anniversary address before the Suffolk District Medical Society was delivered by its president, Dr. John Jeffries, on Saturday, April 27, at the Masonic Temple, in this city. The public generally were invited to be present on the occasion, and the profound attention which was given to the eloquence of the lecturer, bespoke their admiration and appreciation. The learned doctor's theme was the relation of medical men to the public. He commenced by alluding to the times gone by, when there was a reverence shown to the opinions of medical men, when their advice and prescriptions were taken unscrupulously and without scrutiny. Things now have changed. Since the introduction of steam as an auxiliary to labor, with its wonderful power to propel machinery, to send our ships across the ocean and the carriage over the land, the public mind has expanded. Not contented with travelling thirty to sixty miles an hour, means must be adopted whereby a greater velocity can be attained; the atmosphere must be navigated, and our thoughts con-

veyed with the lightning's flash to distant parts of the country. Such great revolutions as have taken place within the last half century, have produced a vacillation in the minds of men, and caused innovation in medicine. Now-a-days the public are not satisfied with reason or plain facts, but require, often, that which it is impossible to accomplish. If you tell a patient that consumption is incurable by art, or that eruptive fever is unabridged by treatment, his confidence in you is shaken, for it is one of the peculiarities of our nature to believe in that which is the most miraculous, or which borders on impossibility. We forbear following the lecturer any further, as a request was made for a copy of the address to be printed, and the profession will have it laid before them. It was a production of rare merit, replete with choice expressions, and most eloquently delivered. The eulogy to the memory of the deceased members of the Society was expressed in a manner rarely excelled.

---

*Medical Men as Coroners.*—It must be apparent, that in the holding of an inquest over a dead body, medical opinion is often required. The coroner and his jury are often incompetent to decide as to the cause of death, or the manner in which it takes place. For such investigation, it requires men, practically qualified—men that have made the science of anatomy and physiology their study. The mere form of filling a blank, or the questioning of witnesses, are not all the duties required of a coroner. He should ascertain, if within the bounds of human possibility, the cause of death; or, if medical men are employed to make the examination of the body, he should know that they have done their duty faithfully. It is impossible to say how many have had their deaths attributed to causes which never existed, and men have been arrested for murder or manslaughter, upon a coroner's warrant, when they were entirely innocent of the charge. A recent occurrence, which we find in the March number of the London Lancet, has a bearing upon this matter. An inquest was held by the Editor of the Lancet (a medical man), over the body of one William Vost. It appeared that he was married on the morning of the day of his death, and, when returning from the church, called upon his son-in-law, when an altercation took place between them. They were seen to fall to the ground together, while struggling, and when they got up resumed the fight until separated. Mr. Vost went to his home and sat down to his bridal dinner, and two or three minutes after, on suddenly arising from the table, fell and expired before any assistance could be rendered. The son-in-law was arrested, and in the meantime the coroner had ordered a post-mortem to be made. The bulletin of the medical examiner was, that he had examined the body, and found all the organs healthy and in a perfectly natural condition—the brain, however, being in a remarkable state of congestion. Had the case been given to the jury then, they in all probability would have rendered their verdict, that the said Wm. Vost came to his death by injuries received during an affray with his son-in-law. The coroner, however, in instructing the jury, thought the man might have been choked, and ordered the surgeon to examine the throat, when, lo and behold, a piece of mutton, half as big as the hand, was found packed in the inferior part of the pharynx, sufficient to cause the suffocation and death of the man!

---

*The Centre District N. H. Medical Society*—held its annual meeting at Concord, May 1, 1850. The attendance was rather small, communica-

tion with the east side of the Merrimack being cut off by the freshet, and some of the members being on their way to Cincinnati. The delegation to the National Medical Convention not being full, Dr. Jesse Merrill was added to it. An able and interesting paper was read by the President, Dr. E. K. Webster, on the relations of the medical profession to the public—showing what are some of the chief sources of charlatanism, and by whom it is most encouraged. It is hoped that he will at some future day suggest the proper remedies for these evils. A statement having been received from certain surgeons and assistant surgeons in the navy as to their rank, and a memorial to Congress presented for signature, it was *Resolved*, That the objects of the above memorial meet with the cordial approbation of this Society, and that we recommend its favorable consideration to Congress.

The following resolutions were also adopted.

*Resolved*,—That Drs. Moore, Hubbard and Parker be a committee to revise the by-laws and police regulations; that they take into consideration our new relations to the State Society, the present state of the profession, and report such alterations and amendments as have in their opinion become necessary.

*Resolved*,—That hereafter the same person shall not be eligible to the office of President of the Society two years in succession.

The officers elected for the ensuing year are L. M. Knight, M.D., President; Jesse Merrill, M.D., Vice President; E. H. Parker, M.D., Secretary; G. H. Hubbard, M.D., Treasurer; S. B. Kelly, M.D., Charles P. Gage, M.D., John Carr, M.D., Councillors; C. P. Gage, M.D., Librarian; G. H. Hubbard, M.D., Wm. H. Smart, M.D., Library Committee.

Informal but interesting discussions were held on the use of cod-liver oil, tapping for abdominal dropsy, the treatment of delirium tremens, and the relations to irregular practitioners. The semi-annual meeting is to be held at Fishersville.

*Medical Miscellany*.—A man was choked to death in England, by swallowing, or rather in attempting to (we were going to say a sheep), a piece of mutton weighing upwards of an ounce and a half, and measuring  $2\frac{3}{4}$  in. by 4 inches.—The Registrar-General reports 60,000 dying annually of consumption in England and Wales.—Yesterday, May 7th, was the day appointed for the third annual meeting of the American Medical Association, in Cincinnati. Several of the leading members of the profession in this city are in attendance as delegates, but it is presumed the list of Massachusetts members will not be large.

---

TO CORRESPONDENTS.—Communications have been received from Drs. H. Lindsly and J. P. Leonard.

MARRIED,—Louis Agassiz, LL.D., professor in the Lawrence Scientific School in Harvard University, to Miss Elizabeth C. Carey.—Geo. R. Hall, M.D., of Shanghai, China, to Miss Helen Beal, of Kingston, Ms.

---

DIED,—Dr. W. E. Fulwood, of the U. S. Army.

*Deaths in Boston*—for the week ending Saturday noon, May 4th, 53.—Males, 29—females, 24. Accidental, 1—inflammation of the bowels, 2—disease of brain, 1—inflammation of the brain, 1—consumption, 17—childbed, 1—delirium tremens, 1—dropsy, 1—dropsy of brain, 3—erysipelas, 5—typhus fever, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 2—gangrene, 1—hooping cough, 1—disease of heart, 1—inflammation of the lungs, 1—old age, 1—palsy, 1—smallpox, 6—disease of the throat, 1.

Under 5 years, 9—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 9—over 60 years, 7. Americans, 27; foreigners and children of foreigners, 26.

*Baltimore College of Dental Surgery.* To THE EDITOR, &c.—The annual commencement of this institution took place on the 28th of March, in the hall of the College, Lexington street, between Calvert and North streets. The interesting exercises of the occasion drew together a very large audience of ladies and gentlemen—friends of the students and members of the medical profession. At 8 o'clock the Faculty, Examining Committee, Graduating Class, and the students, entered the hall in procession and occupied the seats reserved for them respectively, whilst the Blues' band, under Prof. Holland, performed an appropriate air in their usual fine style.

The exercises were then commenced with prayer by the Rev. Dr. Holmes, of Pittsburg, after which the names of the graduating class, together with the title of the "Thesis" written by each, were announced by the Dean, W. R. Handy, M.D., to be as follows:—

Levi S. Burrigide, of New York—Thesis, "Preservation of the teeth, their importance to the health and performance of the functions of life."

Orlando H. Wilcox, Maryland—"Adaptation of the teeth to the food and nature of man."

C. G. Davis, of New Hampshire—"Dyspepsia."

J. Dickson Smith, M.D., of Ga.—"Philosophy of plugging teeth."

Seraphim H. Dumont, of Belgium—"Maxillary Sinus, its position, form and disease."

F. D. Thurmand, Va.—"Odontalgia."

Dr. L. Stocking, La.—"Treatment of dental pulp or exposed nerves."

H. B. Young, Ohio—"Advantages and disadvantages of the inclined plane to the correction of dental irregularities."

Robert Johnson, Va.—"Cause and effect of caries of the teeth."

The Dean having read the mandamus, the graduates were called up two by two, and received the Degree of "D.D.S." from the hands of Dr. Eleazar Parmly, of New York, Provost of the College.

The graduates were then briefly addressed by Dr. Townsend, of Philadelphia, who in a most happy manner advised them as to their future course of action, warning them against many practices, and among other things strongly urged them to forego the use of narcotics, especially tobacco.

Dr. Townsend having concluded, the Valedictory Address was delivered by Dr. S. P. Hullihen, of Va., which was certainly a most eloquent effort, showing the importance of those who operate upon the teeth having an education, such as will render them something more than mere bungling mechanics.

The address of Dr. H. was briefly responded to by one of the graduates, Mr. C. G. Davis, of New Hampshire, who, on the part of his fellow students, thanked the speaker for the advice imparted by him, and expressed their determination to profit thereby.

Dr. Parmly, the Provost, then very feelingly addressed the graduates, bidding them, on the part of the Faculty, an affectionate farewell.

The exercises having been concluded, the students and a number of invited guests adjourned to one of the upper rooms of the college building, where a sumptuous entertainment had been provided for them by the Faculty of the College.

The successful candidate for the chair of Operative Surgery in the Faculty of Medicine of Paris, is M. Malgaigne, so well and favorably known by his various surgical works and successful practice.